Patent Attorney Docket No. 450100-05081

n re l	Patent Application of										
Takaya Hoshino, et al.			Group Art Unit: 2622								
Application No.: 10/521,304			Examiner: Yenke, Brian P.								
iled:	January 14, 2005)	Confirmation No.: 1	465							
For:	MOTION COMPENSATION DEVICE AND METHOD)									
AMENDMENT/REPLY TRANSMITTAL LETTER											
Mail Stop Amendment Date: June 12, 2008 Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
Sir:											
Enclosed is a Response under 37 C.F.R. §1.111 for the above-identified patent application.											
	A Petition for Extension of Time of two months is enclosed.										
Ø	A Terminal Disclaimer(s) and the \square \$ 65 \boxtimes \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.										
\boxtimes	Also enclosed are Replacement Sheets for FIGS. 7-13.										
	Small entity status is hereby claimed.										
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\Boxed{9}\$405 \$\Boxed{1}\$\$ \$810 fee due under 37 C.F.R. § 1.17(e).										
	$Applicant(s)\ request that any previously unentered\ after\ final\ amendments\ \underline{not}\ be\ entered.$ Continued examination is requested based on the enclosed documents identified above.										
	Applicant(s) previously submitted which continued examination is requested.		on	for							
	Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. §1.17(i) is enclosed.										

	A Request for Entry and Consideration of Submission under 37 C.F.R. §1.129(a) (1809/2809) is also enclosed.										
\boxtimes	No additional claim fee is required.										
	An additional claim fee is required, and is calculated as shown below:										
AMENDED CLAIMS											
		No. of Claims	Highest No of Claims Previously Paid for	Extra Claims	Rate	Addi	tional Fee				
Total Claims		19	20	0	x 50 (1202)	\$	0				
Independent Claims		8	8	0	x 210 (1201)	\$	0				
If multiple dependent claims are presented, add \$ 360 (1203)							0				
Total Claim Amendment Fee							0				
☐ Sn	\$	0									
TOTA	s	0									
	Charge to Deposit Account No. 50-0320 for the fee due.										
	A check in the amount ofis enclosed for the fee due.										
\boxtimes	Charge \$130 to credit card.										
	The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-0320.										
	Respectfully submitted,										
Date:_	June 12, 2008		By: Elle	m Marcie	k Haug LLP Emas No. 32,131						